

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST GEORGE	MI W
	NICKNAME	LAST HINDMAN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2100 GREENWOOD AVE AUSTIN, TX 78723		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 476-4628		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST DELIA	MI M
	NICKNAME	LAST BROWNSON	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2100 GREENWOOD AVE AUSTIN, TX 78723		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 476-4628		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL, DISTRICT 1
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">GEORGE HINDMAN</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">10/9/2014</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">GEORGE HINDMAN</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">5,000.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2100 GREENWOOD AVE AUSTIN, TX 78723</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">ENGINEER</div>		10 Employer (See Instructions) <div style="font-size: 1.2em;">SELF-EMPLOYED</div>	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/2	2 FILER NAME GEORGE HINDMAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/29/2014	5 Payee name USPS	
6 Amount (\$) 1,884.02	7 Payee address; City; State; Zip Code 8225 CROSS PARK DR AUSTIN, TX 78710	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POSTAGE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/1/2014	Payee name VOTER TROVE	
Amount (\$) 173.12	Payee address; City; State; Zip Code 701 BRAZOS ST STE 1611 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MESSAGING
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/7/2014	Payee name VOTER TROVE	
Amount (\$) 193.92	Payee address; City; State; Zip Code 701 BRAZOS ST STE 1611 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MESSAGING
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/14/2014	Payee name VOTER TROVE	
Amount (\$) 250.00	Payee address; City; State; Zip Code 701 BRAZOS ST STE 1611 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DATA MANAGEMENT
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/2		2 FILER NAME GEORGE HINDMAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2014		5 Payee name VOTER TROVE			
6 Amount (\$) 288.20		7 Payee address; City; State; Zip Code 701 BRAZOS ST STE 1611 AUSTIN, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) MESSAGING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/15/2014		Payee name THOMAS GRAPHICS			
Amount (\$) 2,734.70		Payee address; City; State; Zip Code 9501 N. IH35 AUSTIN, TX 78753			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN LITERATURE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name USPS			
Amount (\$) 2,706.13		Payee address; City; State; Zip Code 8225 CROSS PARK DR AUSTIN, TX 78710			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POSTAGE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/2014		Payee name VOTER TROVE			
Amount (\$) 285.08		Payee address; City; State; Zip Code 701 BRAZOS ST STE 1611 AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MESSAGING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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